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Bib Data Sheet

CONFIRMATION NO. 7066

<b>SERIAL NUMBER</b> 09/879,461	<b>FILING DATE</b> 06/12/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> P50186-2XC2
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CON OF 09/426,814 10/22/1999 ABN *-ordered 7/22*  
 WHICH IS A CON OF 08/612,929 04/30/1996 ABN *-have*  
 WHICH IS A 371 OF PCT/US94/10308 09/07/1994  
 WHICH IS A CIP OF 08/136,783 10/14/1993 ABN  
 WHICH IS A CON OF 08/117,366 09/07/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*STM None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 01/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>STM</i> Examiner's Signature _____ Initials _____				

**ADDRESS**  
GLAXOSMITHKLINE  
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**TITLE**  
Recombinant IL4 antibodies useful in treatment of IL4 mediated disorders

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
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